

**MULTIDISCIPLINARY PAIN CENTRE
UNIVERSITY OF ALBERTA HOSPITALS**

**1E2 Walter C. Mackenzie Health Sciences Centre
Edmonton, AB Canada T6G 2B7
(780) 407-8638 (Appointments)
(780) 407-2736 (Fax)**

**REQUEST FOR TELEPHONE
CONSULTATION**

Use this form to initiate a telephone consultation with a Specialist in Pain Medicine at the UAH about a patient under your care. Fill in all sections and **FAX it to (780) 407-2736**, attaching the documents that are asked for. You must specify when you would like the consult to take place, which can be on any weekday after the request has been made.

This is **not** the same as referring the patient to be seen in the Pain Centre. That requires a separate form (Request for Consultation). You may do that as an alternative, or after the telephone consult, but *please do not do both at the same time.*

1. Patient Demographics

Today's Date:		ULI # or WCB Claim #:	
First Name(s):		DOB:	
Last Name:		Gender:	

2. Briefly describe the issue you want to discuss with us:

3. If there are relevant consultations or imaging results, attach them, and check here ___.

4. Identify yourself and tell us how we can best contact you:

Your Name (legibly): _____ PRACID #: _____
Office Phone #: _____ Private Phone #: _____ Cell #: _____
Office Fax #: _____
Complete and sign the following plan:
If a UAH Pain Physician calls me at (specify number) (____) _____, between
_____ (specify time window) _____, on the date above, I anticipate being
able to discuss this case with the chart at hand.
Signature of Referring Physician: _____